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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09 395455

• If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
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AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 24	Minus	** 33				
Independent (37 CFR 1.16(d))	* 3	Minus	*** 3	= ..	x \$ ___ =	/	x \$ ___ =	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(g))					x ___ =	/	OR x ___ =	/
					+ ___ =	/	OR x ___ =	/
					TOTAL		OR + ___ =	/
							OR TOTAL ADD'L FEE	

(Column 1)		(Column 2)		(Column 3)		ADDT. FEE		ADDT. FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 24	Minus	** 33	= 1	x \$ ____ =		x \$ ____ =	
Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x ____ =		x ____ =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						(37 CFR 1.16(d))		OR + ____ =	
						TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C NUMBER OF CLAIMS ADDED	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	
				RATE	RATE
Total (§ 1 CFR 1.16(c))	*	Minus	**	=	x \$ ____ =
Independent (§ 1 CFR 1.16(b))	*	Minus	***	=	x ____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+	+ ____ =
				TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for

The "Highest Number Previously Paid For" (Total or Independent) is the highest number round in the appropriate box in column 1. Under Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Your comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20591. Comments may also be submitted to the Office of the Commissioner for Trademarks.

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